



Jones County Building Inspections

418 Highway 58 North,

Trenton, NC 28585

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www.jonescountync.gov

FUEL PIPING (STAND ALONE) PERMIT APPLICATION

06/2014 revision

Application Date _____

Owner's Name _____ Phone Number _____

Project Street Address _____

City _____ State _____ Zip _____

Subdivision (if applicable) _____ Parcel # _____

Contractor's Name _____ NC State License # _____

Address _____ City _____ Zip _____

Contact Person _____ Phone # _____

Type of Work ☐ Residential ☐ Commercial

☐ New Construction ☐ Repair/Renovation ☐ Mobile Home ☐ New Install

Describe your project: _____

****NOTE: Approved Carbon Monoxide Alarm(s)/Detector(s) are required in new one-and two-family dwellings, townhouses, additions/alterations and installation of any gas piping or gas appliances, in accordance with 2009 NCIRC Amended Section R313.**

Number of Connections (including meter): _____

Total Heated Square Feet: _____

Total Project Cost \$ _____

Please see reverse side...

Is this project in a FEMA designated Flood Zone?

___ Yes

___ No

Is workman's comp. Insurance required for this project?

___ Yes

___ No

I hereby certify that all of the information listed on this application is correct, and that all work will comply with the NC State Building Code, and all other applicable State and Local laws, ordinances and regulations. I also understand that if an inspection fails, I may be held liable for a re-inspection penalty fee. I furthermore understand that no permit fees are refundable, or transferrable, and that once a permit is voided or expired, I may incur an additional permit fee(s) to obtain additional permits.

Owner, Contractor, or Authorized Representative Signature

Date

_____ County, North Carolina

I do hereby certify that _____ personally appeared before me this day and acknowledged to me the due execution of the foregoing instrument. Witness my hand and official seal this the _____ Day of _____ 20____.

Date:

_____ Official Signature of Notary

Notary Public Name (printed or typed) _____

(SEAL)

My Commission expires: _____

FOR OFFICE USE ONLY

Date Application Received _____

Sets of plans received for review (if applicable) _____

Date approved to permit _____ Permit # _____